

London2Bournemouth Cycle

London2Bournemouth Cycle 2010

Sunday 11th July 2010 at 8.00am

Medical Form

It is for your own safety that we find out as much as possible about your medical history. Your answers will be treated in the strictest confidence. The information you supply will only be disclosed if necessary to London2Bournemouth staff and medical staff employed by the tour operator for the event. It is one of the conditions of your registration that you give full and accurate details. **Please complete clearly in BLOCK CAPITALS and keep with you during the Cycle.**

A. PERSONAL DETAILS

NAME:
 DATE OF BIRTH:
 HEIGHT: WEIGHT.....
 TEL NO (Home) TEL NO (Mobile)

B. MEDICAL HISTORY

1. Do you suffer, or have you ever suffered from:- (please circle)

Heart trouble and/or blood pressure problems?	YES/NO
Asthma, Bronchitis and /or shortness of breath?	YES/NO
Diabetes?	YES/NO
Epilepsy and/or fainting attacks?	YES/NO
Migraine?	YES/NO
Severe Head Injury?	YES/NO
Cancer?	YES/NO
Back Problems?	YES/NO
Allergies?	YES/NO
Fractures, Tendon, Ligament/Cartilage damage?	YES/NO
Physical or other disability?	YES/NO
Psychiatric or mental illness?	YES/NO
Have you been hospitalised within the last 2 years?	YES/NO
Are you suffering from or a carrier of any infectious diseases?	YES/NO
Are you registered as disabled?	YES/NO
Any other serious illness?	YES/NO

2. If you have answered yes to any questions above, please give further details below or on a separate sheet:.....

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3. Do you regularly and/or currently use any form of medication? If so please give details below:

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4. Have you ever suffered from asthma? If so,

- a) When was the last time you needed hospital treatment?
- b) When was the last time you needed steroid tablets?
- c) What medication/inhalers do you use?

5. Please give name and phone number of emergency contact:

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.....Home No:.....Mobile No:.....

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING

- ⌚ In the event of an accident or illness whilst on the trip, I hereby give permission for London2Bournemouth event medical service to initiate medical treatment and to inform my next of kin/emergency contact if appropriate.
- ⌚ To the best of my knowledge I confirm that my mental and physical health and fitness is good and that the information I have provided in this questionnaire is a true and accurate description of my medical history and current condition. I understand that by giving false information I endanger both my own safety and that of others on the trip. I agree to take with me sufficient supplies of medication needed for my current medical condition and for any condition which I have had previously which may reasonably be expected to re-occur.
- ⌚ I understand that London2Bournemouth cannot accept any liability or expenses resulting from any illness, injury or other untoward occurrence arising from any undisclosed medical condition (other than to the extent that death or personal injury arises as a result of its negligence).
- ⌚ I confirm that I will inform London2Bournemouth of any change to the information I have provided on this medical questionnaire.

SIGNED: **DATE:**